


## Tower Hamlets GP Care Group Infant Feeding policy

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Consultation	Tower Hamlets 0-5 Health Visiting service Tower Hamlets Children's Centres Barts Health hospital feeding teams (maternity, neonates & paediatrics) Family Nurse Partnership Tower Hamlets General Practitioners Paediatrics and Neonatal	
Approved by		

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## **Infant Feeding Policy**

### **1 Aim of this Policy**

- 1.1 The purpose of this policy is to ensure that all staff employed by Tower Hamlets GP Care Group (THGPCG) and Tower Hamlets Children's Centres understand their role and responsibilities in supporting expectant and new mothers and their partners to feed and care for their baby in ways which support optimum health and well-being.
- 1.2 Families will be provided with support and education about very early years development including a discussion on the health benefits of breastfeeding so that they can make an informed choice about how they will feed their baby.

### **2 Scope of this Policy**

- 2.1 It is mandatory that all staff involved with the care of children and their families adhere to this policy. Any deviation from the policy must be justified and recorded in the notes.

### **3 Objectives**

- 3.1 The World Health Organisation and the Department of Health recommend that babies are exclusively breastfed until six months of age. Evidence strongly indicates that breastfeeding offers a unique interaction between mother and baby, which not only feeds and comforts, but also provides important health benefits known to exist for both the mother and her child.
- 3.2 This policy aims to ensure that the care provided improves outcomes for children and families, specifically to deliver:
  - 3.2.1 increases in breastfeeding initiation rates and breastfeeding rates at 6-8 weeks and beyond
  - 3.2.2 amongst parents who chose to formula feed, an increase in those doing so as safely as possible, in line with nationally agreed guidance
  - 3.2.3 an increase in the proportion of parents who introduce solid food to their baby in line with nationally agreed guidance
  - 3.2.4 a reduction in the number of re-admissions for feeding problems
  - 3.2.5 improvements in parents' experiences of care
  - 3.2.6 services which promote responsive parent child relationships

## **4 Responsibilities for Delivery**

Tower Hamlets GP Care Group and Tower Hamlets children's centres are committed to:

- 4.1 Providing the highest standard of care to support expectant and new mothers and their partners to feed their baby and build strong and loving parent-infant relationships. This is in recognition of the profound importance of early relationships to future health and well-being, and the significant contribution that breastfeeding makes to good physical and emotional health outcomes for children and mothers. Ensuring that all care is mother and family centred, non-judgemental and that mothers' decisions are supported and respected.
- 4.2 Working together across disciplines and organisations to improve mothers' / parents' experiences of care.

**As part of this commitment the service will ensure that:**

- 4.3 All new staff are familiarised with this policy on commencement of employment.
- 4.4 All staff will receive training to enable them to implement the policy as appropriate to their role. New staff will receive this training within six months of commencement of employment. (See also training needs analysis).
- 4.5 Uptake and efficacy of this training will be audited and the results reported annually.
- 4.6 The International Code of Marketing of Breastmilk Substitutes is implemented throughout the service.
- 4.7 All documentation fully supports the implementation of these standards.
- 4.8 Parents' experiences of care will be listened to, through regular audit and parents' experience surveys.

## **5 Care standards**

This section of the policy sets out the care that the Health Visiting service is committed to giving each and every expectant and new mother. It is based on the UNICEF UK Baby Friendly Initiative standards for health visiting, relevant NICE guidance, Healthy Child Programme, Five to thrive.

## **6 Pregnancy**

### **Where routine antenatal contact is part of the commissioned service**

- 6.1 All pregnant women will have the opportunity to discuss feeding and caring for their baby with a health visitor. This discussion will include the following topics:
  - 6.1.1 the value of connecting with their growing baby in utero.
  - 6.1.2 the value of skin to skin contact for all mothers and babies
  - 6.1.3 the importance of responding to their baby's needs for comfort closeness and the role that keeping their baby close has in supporting feeding.

Including:

- 6.1.4 an exploration of what parents already know about breastfeeding
- 6.1.5 the value of breastfeeding as protection, comfort and food
- 6.1.6 getting breastfeeding off to a good start (all women should be given a copy of 'Off to the best start' important information about feeding your baby, and can also be directed to the Best Beginnings website to view 'from Bump to Breastfeeding', an introduction to breastfeeding
- 6.1.7 community Parent Education classes will reinforce this information

### **Where routine antenatal contact is not part of the commissioned service**

- 6.2 The service recognises the significance of pregnancy as a time for building the foundations of future health and well-being and the potential role of health visitors to positively influence pregnant women and their families. Staff will therefore make the most of opportunities available to them to support the provision of information about feeding and caring for babies, to pregnant women and their families. This will include ensuring that:
  - 6.2.2 Spontaneous antenatal contacts (such as visits to clinic) are used as an opportunity to discuss breastfeeding and the importance of early relationship building, using a sensitive and flexible approach.
  - 6.2.3 Members of the health visiting team proactively support and recommend the services provided by other organisations to mothers (e.g. antenatal programmes run by the maternity services, children's centres or voluntary organisations).The service works collaboratively to develop / support any locally operated antenatal interventions delivered with partner organisations.

## **7 Support for continued breastfeeding**

- 7.1 A formal breastfeeding assessment using the Baby Friendly assessment tool (Appendix 1) will be carried out at the 'new birth visit' at approximately 10–14 days to ensure effective feeding and well-being of the mother and baby. This includes recognition of what is going well and the development, with the mother, of an appropriate plan of care to address any issues identified.
- 7.2 Mothers will have the opportunity for a discussion about their options for continued breastfeeding (including responsive feeding, expression of breastmilk and feeding when out and about or going back to work), according to individual need.
- 7.3 The service will work in collaboration with other local services to make sure that mothers have access to social support for breastfeeding.
- 7.4 For those mothers who require additional support for more complex breastfeeding challenges a referral to the specialist Tower Hamlets Baby Feeding Service (Appendix 2) will be made and a feeding plan put in place. Mothers will be informed of this pathway.
- 7.5 All breastfeeding mothers will be informed about the local support for breastfeeding from the Health Visiting service, Tower Hamlets Baby Feeding Service, Children's Centres and local and national voluntary breastfeeding support. (Appendix 2 )

### **Responsive feeding**

The term responsive feeding is used to describe a feeding relationship which is sensitive, reciprocal, and about more than nutrition. Staff should ensure that mothers have the opportunity to discuss this aspect of feeding and reassure mothers that: breastfeeding can be used to feed, comfort and calm babies; breastfeeds can be long or short, breastfed babies cannot be overfed or 'spoiled' by too much feeding and breastfeeding will not, in and of itself, tire mothers any more than caring for a new baby without breastfeeding.

## **8 Exclusive breastfeeding**

- 8.1 Mothers who breastfeed will be provided with information about why exclusive breastfeeding leads to the best outcomes for their baby, and why it is particularly important during the establishment of breastfeeding.
- 8.2 When exclusive breastfeeding is not possible, the value of continuing partial breastfeeding will be emphasised and mothers will be supported to maximise the amount of breastmilk their baby receives.
- 8.3 Mothers who give other feeds in conjunction with breastfeeding will be enabled to do so as safely as possible and with the least possible disruption to breastfeeding. This will include appropriate information and a discussion regarding the potential impact of the use of a teat when a baby is learning to breastfeed.

## **9 Modified feeding regime**

- 9.1 There are a small number of clinical indications for a modified approach to responsive feeding in the short term. Examples include: preterm or small for gestational age babies, babies who have not regained their birth weight, babies who are gaining weight slowly.

## **10 Support for formula feeding**

- 10.1 At the new birth visit mothers who formula feed will have a discussion about how feeding is going. Recognising that this information will have been discussed with maternity service staff, but may need revisiting or reinforcing; and being sensitive to a mother's previous experience, staff will check that:
- 10.2 Mothers who are formula feeding have the information they need to enable them to do so as safely as possible. Staff may need to offer a demonstration and / or discussion about how to prepare infant formula and bottle feed their baby.
- 10.3 Mothers who formula feed understand about the importance of responsive feeding and how to:
  - 10.3.1 respond to cues that their baby is hungry
  - 10.3.2 invite their baby to draw in the teat rather than forcing the teat into their baby's mouth
  - 10.3.3 pace the feed so that their baby is not forced to feed more than they want to
  - 10.3.4 recognise their baby's cues that they have had enough milk and avoid forcing their baby to take more milk than the baby want

10.3.5 be aware that the only milk their baby needs is 1<sup>st</sup> stage formula for their first year

## **11 Support for parenting and close relationships**

11.1 Skin to skin contact will be encouraged in the new birth period and subsequent weeks. All parents will be supported to understand a baby's needs, including encouraging frequent touch and sensitive verbal/visual communication, keeping babies close, responsive feeding and safe sleeping practice.

11.2 Mothers who bottle feed are encouraged to hold their baby close during feeds and offer the majority of feeds to their baby themselves to help enhance the mother-baby relationship.

11.3 Parents will be given information about local parenting support that is available. (Appendix 2)

11.4 The importance of breastfeeding at night to for both baby's welfare and to maintain optimum milk production should be explained and encouraged.

11.5 All mothers will be given information to enable them to manage night feeds safely including evidenced based information about the benefits of and contraindications to, bed sharing. (Appendix 3)

## **12. Introducing solid food**

12.1 All parents will have a timely discussion about when and how to introduce solid food including:

12.1.2 that solid food should be started at around six month

12.1.3 babies' signs of developmental readiness for solid food

12.1.4 how to introduce solid food to babies

12.1.5 appropriate foods for babies referring to the DoH Start for Life leaflet and First Steps Nutrition Trust website and literature



### **13 A welcome for breastfeeding families**

13.1 THGPCG and Tower Hamlets Children's Centres regard breastfeeding as the normal way to feed babies and young children. Mothers will be enabled and supported to feed their infants in all public areas across Tower Hamlets.

13.2 All Health Centres, GP practices and Children's Centres are breastfeeding welcome. Comfortable facilities will be made available for mothers that prefer privacy. Signs will inform users of this policy.

13.3 Tower Hamlets is a Baby Friendly borough and actively promotes strategies to encourage and support breastfeeding outside the home.

13.4 Community staff will discuss this with all breastfeeding mothers, giving practical support where appropriate. Information is available locally to signpost mothers to places where breastfeeding is known to be welcomed, including cafes and restaurants in public facilities.

#### 14 Training & Support

14.1 All relevant THGPCG health care staff and children's centre staff will be trained on BFI accredited courses with annual updates to ensure clinical standards are maintained.

14.2 Information to be recorded and updated on staff training database

##### Leadership, Education and Development Training needs analysis:

Staff Group	Training topic	Frequency	Mandatory / Non-mandatory /
Health visiting clinical staff (health visitors inc. clinical leads, community nursery nurses, health visiting support staff )	2 day Baby Friendly Initiative (BFI) accredited training	Once	Mandatory
	1 day BFI update training	Annual	Mandatory
Children's Centre staff	1/2 day BFI training	Annual	Mandatory (delivered by THGPCG HV service)
THGPCG Administrative staff	30 minutes 1 hour BFI E-learning module	Once	Mandatory
Allied professionals & practice nurses	Half day Baby Friendly Initiative training	Once	Mandatory
General Practitioners & community paediatricians	Update training at GP forums	Ad hoc throughout year	

## **15 Monitoring implementation of the Policy**

- 15.1 The Tower Hamlets GP Care Group requires that compliance with this policy is audited at least annually using the UNICEF UK Baby Friendly Initiative audit tools for staff and mothers (2016 edition). Staff carrying out audit will require training on the use of this tool.
- 15.2 Audit results will be reported to the Director of Health Visiting and an action plan will be agreed by the Baby Friendly coordinator with the support of the Director and Clinical leads to address any areas of non compliance that have been identified.

## **16 Compliance with the world health organisation code on the marketing of breastmilk substitutes**

- 16.1 The sale or advertising of breastmilk substitutes, feeding bottles, teats or dummies is not permissible in any part of the services.
- 16.2 The display of infant formula manufacturers' logos on items such as calendars and stationery is also prohibited. No literature provided by infant formula manufacturers is permitted. Educational material for distribution to women or their families must be approved by the Baby Friendly coordinator.
- 16.3 Attendance in a professional capacity at study days supported by manufacturers of breastmilk substitutes, feeding bottles, teats or dummies is not permitted at any time.
- 16.4 Breastmilk substitutes will not be sold on THCPCG or Children's Centre premises.
- 16.5 Parents who have made a fully informed choice to artificially feed their babies will be correctly shown how to prepare formula feeds individually as needed.

## **17 Monitoring effectiveness of this policy**

Outcomes will be monitored by:

### **17.1 Monitoring breastfeeding duration.**

17.1.1 Health visitors will be responsible for collecting the data on infant feeding showing the prevalence of exclusive and partial breastfeeding and formula feeding at 10 -14 days, 6-8 weeks, 3-4 months to enable monitoring of breastfeeding rates.

17.1.2 The policy will be audited annually, using the baby Friendly audit tools:

- feedback from continuous mothers' audit of their experience of the service.
- feedback from biannual staff audits to ensure compliance and the maintenance of high quality care and support for mothers and babies.

Outcomes will be reported to:

- The Director of Health Visiting
- UNICEFUK Baby Friendly Initiative
- Children's Centres services lead
- Breastfeeding strategy group
- Breastfeeding steering group

**18 Equality Impact Assessment – THGPCG standard statement for this**

**19 Privacy Impact Assessment – as above**

## Best Practice

- London Borough of Tower Hamlets Service Specification for Health Visiting 2015-16 *Adapted from the National Specification 2015/16*
- Public Health Outcomes framework 2013 to 2016:  
<https://www.gov.uk/government/publications/healthylives-healthy-people-improving-outcomes-and-supporting-transparency>
- Baby Friendly Initiative Health Visiting and Community Standards:  
[https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2014/02/Baby\\_Friendly\\_guidance\\_2012.pdf](https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2014/02/Baby_Friendly_guidance_2012.pdf)
- Guidance for health professionals going Baby Friendly:  
<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/>
- NICE guidance: <https://pathways.nice.org.uk/pathways/postnatal-care>
- The Healthy Child Programme:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/167998/Health\\_Child\\_Programme.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf)
- Five to Thrive: <http://www.fivetothrive.org.uk/approach/>
- The International Code of the Marketing of Breastmilk Substitutes:  
[https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2016/10/guide\\_int\\_code\\_health\\_professionals.pdf](https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2016/10/guide_int_code_health_professionals.pdf)
- First Steps Nutrition Trust:  
[http://www.firststepsnutrition.org/newpages/Infants/first\\_year\\_of\\_life.html](http://www.firststepsnutrition.org/newpages/Infants/first_year_of_life.html)

## **21 Appendices:**

**Appendix 1: UNICEF UK Baby Friendly Initiative breastfeeding assessment tool**

**Appendix 2: Tower Hamlets Baby Feeding Service information 2017**

**Appendix 3: Co-sleeping and SIDS: A guide for health professionals. Infant Sleep Information Service (2016)**